

(Enter last 4 digits of US SSN, if none enter last 4 digits of Phone Number)

## **Application for Admission to the Masters Program in Nursing**

Office of the Registrar

P.O. Box 20036 - UCT 2250 Houston, TX 77225

Ck / MO #			
\$//			
Initials			
OFFICE USE ONLY			

(713)500-3361 Fax:					
US Social Security Number     (Enter 9 digits w/ no dashes. If you have no US SSN, leave blank)	2. Projected entrance into the program for:				
	Semester: ☐ Fall ☐ Spring ☐ Summer				
	Status: ☐ Full Time ☐ Part Time				
3. Name					
Last					
First					
Middle					
Lact	First				
of the state of th					
	d under a different name, please include such name in the space above. )				
4. Birth Date (mm/dd/yyyy) 5. Gender*	<ul> <li>6. Ethnic Origin**:</li> <li>□ Native American □ Caucasion American</li> </ul>				
/       /	☐ Asian American ☐ Hispanic American				
	☐ Black American ☐ Non-US Citizen & Non-Perm.Residen				
· · · · · · · · · · · · · · · · · · ·	this link for a complete list of Country, State,				
· · · · · · · · · · · · · · · · · · ·	ompleting the following items and addresses.				
You may wish to open this list in a separ	ate browser window, for easier reference. ***				
7 Piett Plane					
7. Birth Place City	State Country Code				
O Love a citizen of (country).	·				
a. If your country of citizenship is not USA, what is your immigration VISA type?  (Examples: J1, F1, PR)If you are an immigrant classified by INS as a "Permanent [					
Resident"or "Alien Resident" of the US, enter PR.					
b. If country of citizenship <u>is</u> USA, <u>or</u> if your VISA type <u>is</u> PR, in which US state is your residence?					
9. Permanent mailing address:					
Street					
City	State Zip Code Country				
Phone - US phone number only	e-mail address				
** This information is requested in compliance with Title VI and Title IX of the Civil	Rights Act of 1964. It in no way affects the processing of your application.				

MSN Application for Admission for:	Enter lest 4 digits of US		
Name (Last, First MI)  10. Current mailing address (if different):	Enter last 4 digits of US SSN, if none enter last 4 digits of Phone Number		
	digits of Frione Number		
Street			
City State Zip Code	Country Code		
City State Zip Code			
Home Phone  Business Phone			
11 (a). For each postsecondary institution you have attended, enter the UTHSC Houston institution list provided. If you are submitting this application online, you may click on this link to open the li			
window, or copy the link and paste it into a new browser window. Darkened fields are required in	formation. If your		
college, university or professional school is not listed, fill in the spaces provided in section 11 (b). attend prior to enrollment. An <b>OFFICIAL</b> transcript from <b>EACH</b> college, university or professional			
Please request that transcripts be sent electronically. Begin with the first school attended.			
6-char Institution Code (list) Institution Name	Major		
Attended (yyyymm) to (yyyymm) Degree Da	ate of Degree (yyyymm)		
Graduate Graduate			
6-char Institution Code (list) Institution Name	Major		
Attended (yyyymm) to (yyyymm) Degree Da	te of Degree (yyyymm)		
/ Undergraduate Graduate Professional	/ /		
6-char Institution Code (list) Institution Name	Major		
Attended (yyyymm) to (yyyymm) Degree Da	te of Degree (yyyymm)		
/ Undergraduate ☐ Graduate			
6-char Institution Code (list) Institution Name	´    Major		
The institution odd (inst)	- Iviajoi		
Attended (yyyymm) to (yyyymm) Degree Da	ate of Degree (yyyymm)		
Undergraduate	ite of Degree (yyyymm)		
☐ Graduate ☐ Professional ☐	//		
6-char Institution Code (list) Institution Name	Major		
Attended (yyyymm) to (yyyymm) Degree Da	te of Degree (yyyymm)		
6-char Institution Code (list) Institution Name	Major		
Attended (yyyymm) to (yyyymm) Degree Da	te of Degree (yyyymm)		
Undergraduate Graduate			
rofessional Professional			
$\square$ I am sending the remainder of this list by email or separate page.			

MSN Application for Admission for:				
	ne (Last, First MI)		Ś	enter last 4 digits of US SN, if none enter last 4 igits of Phone Number)
<b>11 (b).</b> List <u>ALL</u> colleges, universities, and profession	nal schools not fou	and on the list provide	d.	
Institution Name	Location (City, State	•		Major
Attended (yyyymm) to (yyyymm) /	Degree	Undergraduate Graduate Professional		gree (yyyy/mm)
Institution Name	Location (City, State	, Country)		Major
Attended (yyyymm) to (yyyymm) /	Degree	Undergraduate Graduate Professional	Date of De	gree (yyyy/mm)
Institution Name	Location (City, State	, Country)		Major
Attended (yyyymm) to (yyyymm)	Degree		Date of De	gree (yyyy/mm)
		☐ Undergraduate☐ Graduate☐ Professional		
12. List Below all courses in progress or planned  Term Year Exact Course Title  List Below all courses in progress or planned  Exact Course Title  List Below all courses in progress or planned  Exact Course Title  List Below all courses in progress or planned  Exact Course Title  List Below all courses in progress or planned  Exact Course Title	Course Num	ge.  ved in the armed ser all order, starting with	vice, list yo	
Name & Address of Employer (most recent first)	From (mm/yy)	To (mm/yy) Full Time	(Y/N)	Position
Name & Address of Employer (most recent first)	From (mm/s)	To (mm/m)	()/(N)	Position
reamo & Address of Employer (most recent lifet)	From (mm/yy)	To (mm/yy) Full Time	(1/N)	FUSITION
Name & Address of Employer (most recent first)	From (mm/yy)	To (mm/yy) Full Time	(Y/N)	Position
$\square$ I am sending the remainder of this list by ema	il or separate pa		. 10/10/2003	CE10044407
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14. Please indicate below the location of the Hig	gh School from which you graduated:
City County	State Country
15. Check below to indicate the admission test	which you <u>have taken</u> (or <u>will take</u> ):
Graduate Record Examination (GRE)	Verbal Score Analytical or Writing
GRE Date (yyyymm) /	Quantitative  NOTE: for GRE before Sept. 2002 enter Analytical Score. Beginning Sept 2002 enter Analytical Writing Score
Miller Analagies Test  MAT Date (yyyymm) /	MAT Score:
☐ TOEFL Paper Based ☐ TOEFL Computer Based  TOEFL Date (yyyymm) /	TOEFL Score:
dates and under what name you applied:	s - Houston HSC School of Nursing in prior years, please list s - Houston HSC School of Nursing in prior years, please
18. If you have applied to any of the University years, please list the schools and dates:	of Texas System's graduate or professional schools in prior
19. B.S.N. Degree Received (Year):	Accredited Program: ☐ Yes ☐ No
Institution:	B.S.N.   Diploma Assoc.   (Year)

MSN Application fo	r Admissi		Last First MI)			(Enter las	at 4 digits of US
Name (Last, First MI)  Name (Last, First MI)  SSN, if none enter last 4 digits of US SSN, if none enter last 4 digits of Phone Number)  20. Please indicate below the Clinical Track and Role to which you are applying.					one enter last 4		
Houston Campus	Are you a	applying to the <b>MS</b>	<b>SN/MPH</b> Progra	m? □ YES	□ NO		
Degree Goal >		Master of	Science in N	lursing		Non-Degree	post-MSN
Role > CLINICAL TRACK v	Clinical SpecIzatn	Clinical Resrch Mgmt	Nurse Practitioner	Nursing Adminstratn	Nursing Education	Nurse Practitioner	Clin. Nurse Specialist
Acute Care							
Administration							
Adult							
Emergency							
Family Nurse							
Gerontology							
Long Term Care							
Nurse Anesthesia (Houston)							
Nurse Anesthesia							
(Army Program Only)  Neonatal							
Oncology							
Pediatric							
Psyc/Mental Health							
Women's Health							
graduate program. These should include academic references from your basic or graduate program or employers or persons from an academic program who can provide data on your professional competence. Applicants should send the request forms to the individuals they wish to serve as references and indicate that they are to be returned directly to the office to the registrar.  Reference One - Last Name							
First Name							
				Academic	□ Pr	ofessional 🗆	
Reference Two - Last Name							
First Name							
				Academic	□ Pro	ofessional 🗆	
Reference Three - Last	Name						
First News							
First Name	<del>                                     </del>	<del>                                     </del>		Anadam:-	□ <b>□</b> -	ofossional 🗆	
				Academic	☐ Pr	ofessional 🗆	

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MSN Application for Admission for:	
Name (Last, First MI)	(Enter last 4 digits of US
22. Please describe the professional goals you hope to achieve by pursuing	SSN, if none enter last 4 digits of Phone Number)
graduate study. (if additional space is necessary, use separate sheet.)	
NOTE: Insure your essay is visible above. If you cannot see some of it, neither can the faculty.	
23. Other than minor traffic violations, have you ever been convicted of a felony o	r misdemeanor?
Yes No	
If yes, please explain:	
I certify that the information submitted herein is true and correct to the best of my willfully withholding information or making false statements in this application ma	knowledge. I understand that y be used as the basis for
denial of admission or for dismissal. ☐ Yes ☐ No	,
Signature (if completing paper form)  Date (mm/c	 dd/yyyy)
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rev. 10/10/2003

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